

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Permit #: \_\_\_\_\_

**DEPARTMENT OF ENGINEERING SERVICES**

**APPLICATION FOR USE PERMIT**

USE PERMIT (USE) DRIVEWAY CONNECTION TO CITY RIGHT-OF-WAY: MAILBOX OR UTILITY WORK  
IN CITY RIGHT-OF-WAY; OR OTHER WORK ON CITY PROPERTY

(PLEASE PRINT OR TYPE ALL INFORMATION IN SECTIONS 1, 2, AND 4)

**1. WORK SITE INFORMATION:**

Site Address \_\_\_\_\_

Property Appraiser's Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Three (3) plot plans must be attached. Refer to appropriate checklist for submittal requirements.

PURSUANT TO CHAPTER 556, FLORIDA STATUTES, AS AMENDED, AN EXCAVATOR OF THE WORK PERFORMED UNDER THE SCOPE OF THIS APPLICATION SHALL CALL THE "SUNSHINE STATE ONE-CALL OF FLORIDA, INC." BY DIALING 611 or 1-800-432-4770, NOT LESS THAN TWO NOR MORE THAN FIVE BUSINESS DAYS BEFORE BEGINNING EXCAVATION. REFER TO THE ATTACHED INFORMATION SHEET FOR YOUR RIGHTS AND RESPONSIBILITIES UNDER THE NEW LAW.

**2. DESCRIPTION OF WORK:** COMMERCIAL ☐ RESIDENTIAL ☐

PLANNED WORK ON: PAVED ☐ UNPAVED ☐

Asphalt or Concrete Driveway Approach..... ☐

Asphalt or Concrete Driveway Approach with Culvert Pipe..... ☐

Open Street Cut (Number of cuts .....). ☐

Bore and Jack (Number of Bore & Jacks .....). ☐

Roadway Construction other than by a Special Assessment District; or in connection with  
the Development of a Subdivision..... ☐

Other (Specify) \_\_\_\_\_ ☐

**3. APPLICATION FILING RESPONSIBILITIES:**

A non-refundable application fee shall be paid at time of application submittal. Additional fees may be assessed during the application review process and shall be paid prior to the issuance of the permit. Application determined to be incomplete may be returned to the applicant prior to acceptance, or approval may be delayed. Refer to appropriate checklist for submittal requirements and fees.

**4. ALL COMMUNICATION CONCERNING THIS APPLICATION WILL BE DIRECTED TO THE APPLICANT AND THE PERMIT WILL BE ISSUED IN THE NAME OF THE APPLICANT.**

Applicant check if: ☐ Owner or Contractor  
☐ Agent (Agent must supply a notarized statement of authorization).

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

☐ APPROVED ☐ APPROVED AS NOTED ☐ NOT APPROVED DATE \_\_\_\_\_